Liberty for All Super PAC

No FEC ID

March 3rd, 2012

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2012 MAR -6 AM 7: 45

FEC MAIL CENTER

Federal Elections Commission

999 E Street, N.W.

Washington, D.C. 20463

Re: Form 1, Statement of Organization – Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make real contributions, whether direct, inkind, or via coordinated communications, to federal candidates or committees.

Respectfully Submitted,

Treasurer

12030752050

FEC FORM 1

STATEMENT OF ORGANIZATION

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F Folicitation Into ENTER

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
LIBERITY FOR	RIALLISIUPEN	R. PAC.	
ADDRESS (number and street)	11,3,7,2,9, RES	EARICH BOULL	EVARD
(Check if address	SUITIE 1107	5	
is changed)	A.U.S.T.I.N		[7,X] [7,8,7,50]-[
	c	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-r	mail address)	
(Check if address	biothnorams	e, y, a y, a, 4,0,0,	(o ₁ m, , , , , , , , , , , , , , , , , , ,
is changed)			
COMMITTEE'S WEB PAGE ADD	PRESS (URL)		
(Check if address	WWW.Pacli	berty ocom	
is changed)			
2. DATE Q 3 0	° žŏįž		
3. FEC IDENTIFICATION NU	IMBER C		
4. IS THIS STATEMENT V	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	is Statement and to the best	of my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treasure	John And	rew Ramsey	<u> </u>
Signature of Treasurer	John Man		Date OS OS OS OS
	ous, or incomplete information r		this Statement to the penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

PEC FO	rin i (nevised 02/2009)					raye z
TYPE OF C	OMMITTEE					
Candidate	e Committee:					
(a)	This committee is a principal	campaign comm	nittee. (Complete	the candidate info	rmation below	.)
(b)	This committee is an authorize information below.)	zed committee, a	and is NOT a pr	incipal campaign co	ommittee. (Cor	mplete the candidate
Name of Candidate						
Candidate Party Affiliati		fice ought:	House	Senate	President	State District
(c)	This committee supports/opports	oses only one ca	andidate, and is	NOT an authorized	l committee.	
Name of Candidate						
Party Con	nmittee:					
(d)	This committee is a	•	ional, State ubordinate) com	mittee of the		(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):					
(e)	This committee is a separate	segregated fund	d. (Identify conne	ected organization o	n line 6.) Its co	nnected organization is a:
	Corporation		Corporation	n w/o Capital Stock	•	Labor Organization
	Membership Organiz	ation	Trade Ass	ociation		Cooperative
	In addition, thi	is committee is a	Lobbyist/Registr	ant PAC.		
(f) V	This committee supports/opp committee. (i.e., nonconnected		one Federal ca	ndidate, and is NO	a separate s	segregated fund or party
	In addition, this comm	ittee is a Lobbyis	t/Registaant PAC).		
	In addition, this comm	ittee is a Leaders	ship PAC. (Identi	fy sponsor on line 6.)	
Joint Fund	draising Representative:					
(g)	This committee collects contril committees/organizations, at I	• • •			•	
(h)	This committee collects contrib committees/organizations, non					two or more political
Com	ımittees Participating in Joir	nt Fundraiser				
1.				FEC ID num	ber C	
2.				FEC ID num	per C	
3.				FEC ID num	ber C	
4.				FEC ID numl	oer C	

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٧	Vrite or Type Committee Name	· .
5 .	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
L		
	Mailing Address	
	CITY STATE:	7/B CODE
		ZIP CODE
	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
	Custodian of Records: Identify by name, address (phone number optional) and position of the person	on in possession of committee
	books and records.	
	Full Name J.D.H.N. A.N.D.R.E.W. R.A.M.S.E.Y.	
	11 7447 TEVIL OTOLE ONILEVA	
	14 P. T. 2222	
	AUSTIN TX	7.8.7.53]-[
	Title or Position CITY STATE	ZIP CODE
	EXECUTIVE 0IRECTOR Telephone number 9.3	6-596-5676
3.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; an any designated agent (e.g., assistant treasurer).	d the name and address of
	Full Name TOWN AND DEW PANCEY	•
	of Treasurer JOHN ANDREW RAMSEY	
	Mailing Address [1,2,4,4,3] TECH RIDGE BOULEVA	RD
	$A_1P_1T_1$ $Z_1Z_1Z_1$ Z_1Z_1	
	AUSTIN TX	7,8,7,53]-
	CITY STATE Title or Position	ZIP CODE
		61-15,9,61-15,6,7,61

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Full Name of Designated Agent			
Mailing Address		· .	
	спу	STATE	ZIP CODE
Title or Position	, in the second of the second		
	Telephone .	e number	
9. Banks or Other Dep	ositories: List all banks or other depositories in which the co	mmillee deposits	,
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc. ELL S F A R G O		
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.		
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Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Overnight Delivery Service (Specify): M° **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office **Date of Receipt or Postmarked** Other (Specify):